

## GROUP HEALTH INSURANCE MONTHLY DELETIONS REPORT

Enrollment  
Indicator

4

Wis. Stats. § 40.06, 40.51 (7)

Employer Name			Employer Number <b>69-036-</b>	Group #	Carrier Suffix	Deduction Month		Coverage Month			
Enrollment Type/Code	Employee Type/Code	EMPLOYEE		Birthdate	If changing carrier, provide new carrier suffix	Event Date	Effective Date	Contract Type		PREMIUM ADJUSTMENT PREVIOUS MONTH(S) (List individual months)	
		Name (Last, First, Middle I.)	Social Security No.					Single	Family	Month(s)	Amount
TOTAL DECREASE IN CONTRACTS											
(Post to Line 3 of the Monthly Coverage Report)											